



Division of Laboratory Services
 630 Hart Lane
 Nashville, TN 37216
 615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

Disease/Agent Suspected or Test Requested:

Mycobacterium (Isolation)

Provider Requirements	<ul style="list-style-type: none"> • REQUESTED through consultation with epidemiology only. • Contact CEDEP prior to submission.
Acceptable Specimen Sources/Type(s) for Submission	<ul style="list-style-type: none"> • Sputum • Urine • Bronchial washings • Feces- <i>Feces is accepted from immunocompromised patients</i> • Gastric lavage • Blood • Tissue
TDH Requisition Form Number	PH-4182
Media Requirements	50 ml conical sputum tube
Special Instructions	
Shipping Instructions	Ship Room Temperature/Ambient
Laboratory Section Performing Testing	Mycobacteriology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).